

# EXHIBIT A



OFFICE OF CHIEF MEDICAL EXAMINER  
CITY OF NEW YORK



REPORT OF AUTOPSY

Name of Decedent: Roberto Grant

M.E. #: M-15-003072

Autopsy Performed by: Jennifer L. Hammers, D.O. Date of Autopsy: May 19, 2015

FINAL DIAGNOSES

- I. BLUNT FORCE TRAUMA OF HEAD, NECK, TORSO, AND EXTREMITIES
  - A. PETECHIAL HEMORRHAGES OF EYES, PERIORBITAL SOFT TISSUE AND MUSCLE, ORAL MUCOSA, POSTERIOR OROPHARYNX, BASE OF TONGUE, TRACHEA, ESOPHAGUS, AND TEMPORALIS MUSCLES
  - B. BLOTCHY SCLERA HEMORRHAGES, BILATERAL
  - C. SUBCUTANEOUS EMPHYSEMA, EYE LIDS AND PERIORBITAL TISSUES
  - D. DISTENTION OF NECK VEINS AND TEMPORAL VESSELS, MARKED
  - E. CONTUSION, RIGHT LOWER LIP
  - F. EXCORIATIONS, ORAL MUCOSA OF LIPS
  - G. NECK MUSCLE AND SOFT TISSUE HEMORRHAGES, MULTIPLE, BILATERAL
  - H. TRACHEAL RING HEMORRHAGE, LARGE
  - I. PERI-CAROTID ARTERY HEMORRHAGES, BILATERAL
  - J. HEMORRHAGE OF TONGUE, LEFT (1/2")
  - K. SUBSCALPULAR HEMORRHAGE (3), OCCIPITAL (2" EACH)
  - L. CEREBRAL EDEMA, MODERATE
  - M. HEMORRHAGE, LEFT FOREARM MUSCLE (5"), RIGHT ELBOW (1/2"), LEFT SHOULDER (4"), AND RIGHT LATERAL CHEST SOFT TISSUES (1")
  - N. DEEP LUNG PARENCHYMAL LACERATION (1"), LEFT LOWER LOBE
  - O. SEE HISTOPATHOLOGY
- II. NEUROPATHOLOGY EXAMINATION WITHOUT SIGNIFICANT PATHOLOGIC CHANGES
- III. FOUND IN MULTI-INMATE FEDERAL JAIL CELL, UNRESPONSIVE AND IN CARDIAC ARREST

D. Stevens DS  
01/10/17

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prior consent from the Office of Chief  
Medical Examiner, New York City, N.Y.

- A. STATUS POST CARDIOPULMONARY RESUSCITATION BY  
MULTIPLE PROVIDERS
- B. FROTH IN BRONCHI

- IV. TOXICOLOGY WITHOUT SIGNIFICANT POSITIVITY
  - A. SYNTHETIC CANNABINOIDS NOT DETECTED
  - B. SEE TOXICOLOGY REPORTS

- V. HYPERTENSIVE CARDIOVASCULAR DISEASE
  - A. CARDIAC HYPERTROPHY (450 GRAMS)
  - B. CONCENTRIC LEFT VENTRICULAR HYPERTROPHY (1.8 CM)
  - C. ARTERIOLONEPHROSCLEROSIS, MODERATE
  - D. TIGHTLY ADHERENT RENAL CAPSULES

- VI. CORONARY ARTERY ATHEROSCLEROSIS, SLIGHT (50%), LEFT MAIN  
CORONARY ARTERY

- VII. HEPATIC FIBROSIS, UNCERTAIN CAUSE, MODERATE

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CAUSE OF DEATH:

UNDETERMINED

MANNER OF DEATH:

UNDETERMINED

**OFFICE OF CHIEF MEDICAL EXAMINER  
CITY OF NEW YORK**

**REPORT OF AUTOPSY**

**CASE NO. M-15-003072**

*I hereby certify that I, Jennifer L. Hammers, D.O., Deputy Chief Medical Examiner, have performed an autopsy on the body of **Roberto Grant**, on the 19th day of May, 2015, commencing at 9:30 AM in the Manhattan Mortuary of the Office of Chief Medical Examiner of the City of New York. This autopsy is performed in the presence of Dr. Jason Graham and Dr. Michele Slone. The body is received in the supine position in a plastic body bag which is secured with a white plastic seal bearing the number 54009.*

**EXTERNAL EXAMINATION:**

The body is of a well-developed, well-nourished, muscular, average-framed, 5'10", 204 lb medium brown-skinned Black man whose appearance is consistent with the given age of 35 years. The top of the head exhibits balding and the sides of the head are shaved. There is a goatee that measures up to approximately 1/4" in length and is black in color. The nose and facial bones are palpably intact. The eyes have brown irides and the conjunctivae are without edema or jaundice. The oral cavity has natural teeth in good condition. The top front right tooth is absent and there is well-healed pink mucosa overlying the socket. Within the mouth is a displaced partial denture containing one tooth with the name (CROSS) on the denture. The head, neck, torso, and extremities are with trauma as described below. The hands are not bagged. The hands are atraumatic and the fingernails are neatly trimmed, well-groomed, without breaks, debris or foreign material. The soles of the feet are with slight dry scaly skin and without trauma. The external genitalia are of a circumcised normal adult male. There are scars and tattoos over the body as follows: There is a 2-1/2" x 3/4" well-healed surgical scar on the right shoulder. There is a 1" well-healed linear scar on the right chest just above the breast. There is a 4" x 6" monochromatic professional tattoo on the lateral upper left arm. There is a 1/2" linear scar above and to each side of the right knee. There is a 2-1/2" well-healed linear and vertical scar on the right knee extending inferior along the shin. There is a 1/2" well-healed scar on the upper medial aspect of the left knee. There is a 1" well-healed linear scar and a 1/2" well-healed circular scar on the left mid-thigh. There is a 3/4" monochromatic professional tattoo on the posterior aspect of the left ring finger. There is a 9-1/2 x 2" professional monochromatic tattoo on the anterior left forearm. There are a 4-1/2" and a 3-1/2" transverse linear well-healed

M-15-003072

ROBERTO GRANT

Page 4

scar on the upper lateral left torso. There are well-healed surgical scars over the right shoulder, upper back and posteromedial upper arm that measure from superior to inferior, 1/4", 1/4", 1", 1/4", 3/4", 2-1/2" and 2-1/2" on the torso. On the posterior upper arm they measure from superior to inferior 3/4" and 1/4". On the upper back is an 11" x 12" monochromatic professional tattoo. On the posterior right forearm is a 1 x 1/2" well-healed scar and on the posterolateral right thigh is a 6" well-healed vertical scar. Over the arms, hands and legs are a few well-healed irregular scars measuring up to approximately 1/4" each. The left first toenail is thick and yellow. The extremities are without scars overlying subcutaneous veins. There is an OCME toe tag on the right foot.

**POSTMORTEM CHANGES:**

There is marked symmetric rigor mortis of the upper and lower extremities, neck and jaw. Lividity is posterior, purple and unfixed. The body is cool to warm. There is brown material coming from the nares and mouth, present on the face and staining the t-shirt.

**THERAPEUTIC PROCEDURES:**

In place is an endotracheal tube. There is an intravenous line in the left antecubital fossa. There are electrocardiogram leads and defibrillator pads in the body bag. There is a moderate amount of froth in the bronchi. There is a hospital bracelet on the left wrist.

**CLOTHING:**

The body is clad in a white sock on the left foot, a pair of gray sweatpants, a gray T-shirt that has been previously cut, gray boxer shorts, and a pair of white to gray jersey shorts. There is a white sock in the body bag. The clothing is collected and submitted to Evidence.

On the left ring finger is a white and yellow metal band. The band is removed and submitted as personal property to Evidence.

**INJURIES:**

There are blunt force injuries of the head, neck, torso and extremities.

The veins of the neck and the vessels of the temporal regions are markedly distended. A large amount of blood drains from the neck vessels upon reflection of the skin of the neck and upper torso.

The eyelids and periorbital soft tissues are with marked subcutaneous emphysema and the skin of the eyelids is very friable with a small tear occurring at the distal right eyelid upon gentle manipulation for photography. There are abundant petechial hemorrhages in the conjunctiva, sclera, oral mucosa, posterior oropharynx, base of the tongue, trachea, and posterior aspect of the external esophagus. There are large blotchy scleral

M-15-003072

ROBERTO GRANT

Page 5

hemorrhages on the lateral aspects of the eyes and smaller blotchy hemorrhages in medial aspects of the eyes.

There is a 1/8" red contusion on the right lower lip. There are several small (less than 1/4") red mucosal excoriations on the inner aspect of the lower lip near the midline and of the right upper lip.

The scalp has no contusion. There are three discrete regions of subscalpular measuring approximately 2" x 2" each, located in the occipital region as follows: left occipital at the posterior aspect of the temporalis muscle, occipital midline, and the right occipital at the posterior aspect of the temporalis muscles. There are abundant petechial hemorrhages in the temporalis muscles, greater on the left than right. There is no skull fracture or epidural, subdural or subarachnoid hemorrhage. The brain weighs 1420 gm and is normal size and shape with moderate cerebral edema and is saved with the spinal cord and dura in formalin for neuropathological examination. A separate report will be issued.

The neck is with evidence of hemorrhage as follows: There is a focal region of hemorrhage in the subcutaneous tissues just lateral to the sternocleidomastoid muscles present both superior and inferior to the mid-aspect of each clavicle. There is a 1 x 1" hemorrhage of the superficial left sternocleidomastoid muscle at the mid-aspect. There is a 1 1/2" x 1/2" hemorrhage in the deep right sternocleidomastoid muscle at the inferior aspect. There is a 1" x 1/2" full thickness hemorrhage of the left sternothyroid muscle extending from the mid-aspect to the superior aspect. There is a 1/4 x 1/4" hemorrhage in the deep left omohyoid muscle at the superior aspect. There is a 1/4 x 1/4" hemorrhage in the deep right omohyoid muscle at the superior aspect. The thyroid gland is without hemorrhage. There is a 1/4" x 1/4" hemorrhage in the left cricohyoid muscle at the lateral aspect. There is 1/4" discrete hemorrhage along the mid-aspect of the carotid artery on each side, at the level of cervical vertebrae 5/6. There is a discrete 3/8" hemorrhage in the right longus colli muscle at the level of cervical vertebrae 5/6. There is a 1/4" hemorrhage over the 6<sup>th</sup> cervical vertebral body in the midline. There is a 1/8" hemorrhage in the lateral aspect of the left longus colli muscle. There are two 1/4" hemorrhages in the left posterior oropharynx adjacent to the epiglottis. There is discrete 1/8" hemorrhage over in the posterior oropharynx adjacent to the cornua of the hyoid bone bilaterally. The hyoid bone is reviewed with anthropology at autopsy and is without trauma. There is discrete hemorrhage in the soft tissues overlying the inferior horns of thyroid cartilage. Between the esophagus and posterior aspect of the upper trachea and lamina of the cricoid is abundant hemorrhage. There is hemorrhage in the fascia overlying the superior horns of the thyroid cartilage. The upper airway is patent. There is hemorrhage of the tracheal rings, primarily at the right anterior lateral and posterior aspects of tracheal rings 5 through the bifurcation with some hemorrhage in the proximal right mainstem bronchus cartilage rings.

M-15-003072

ROBERTO GRANT

Page 6

On the posterior neck is a blush of hemorrhage in the bilateral superficial aspect of the semispinalis capitis muscles at the high cervical level. At the mid- to lower cervical levels there is a faint blush of hemorrhage throughout the superficial right semispinalis capitis muscle. There is a discrete 1" x ½" hemorrhage at the medial aspect of the right semispinalis cervicis muscle.

The tongue is with a ½" x ¼" x ¼" hemorrhage within the muscle of the left tongue near the anterior aspect of the tongue and adjacent to the teeth.

The left lower lobe of lung is with a 1" x ½" x ½" laceration deep in the parenchyma and is surrounded by small amount hemorrhage.

There are no abrasions, contusions or lacerations to the skin surface at autopsy. The skin of the extremities, torso, back and face is reflected to reveal the following: There are petechial hemorrhages in the periorbital muscles and soft tissues, greater on the left than right. There is a 5" x 1 ½" x ¼" hemorrhage in the left extensor carpi radialis longus muscle (forearm) at the proximal aspect. There is a ½" hemorrhage over the right elbow at the medial aspect. There is a 4" x 3" x 2" hemorrhage in the left deltoid muscle that extends deep within the muscle. There is a 1" x ½" hemorrhage in the subcutaneous tissues of the right lateral chest overlying ribs 5 and 6. The body is examined the day after autopsy and reveals no additional injuries on the skin surfaces.

*The injuries listed above having been described once will not be repeated.*

**INTERNAL EXAMINATION:**

**BODY CAVITIES:** The organs are in their normal situs. The pericardial, pleural and peritoneal cavities contain normal amounts of serous fluid and are without hemorrhage or adhesion. The abdominal wall pannus is 1/4" thick.

**HEAD:** See above.

**NECK:** See above.

**CARDIOVASCULAR SYSTEM:** The heart weighs 450 gm and has a normal distribution of co-dominant coronary arteries with slight (50%) atherosclerotic stenosis of the left main coronary artery. The remaining coronary arteries are without significant atherosclerosis. There is no recent thrombus. The myocardium is homogeneous, dark red and firm without pallor, hemorrhage, softening or fibrosis. The left ventricle wall is 1.8 cm and the right ventricle wall is 0.4 cm thick. The endocardial surfaces and four cardiac valves are unremarkable. The aorta is without atherosclerosis. The venae cavae and pulmonary arteries are patent.

M-15-003072

ROBERTO GRANT

Page 7

**RESPIRATORY SYSTEM:** The right lung weighs 770 gm and the left weighs 540 gm. The pink to fluffy parenchyma is with moderate anthracosis but without masses, consolidation or obstruction.

**LIVER, GALLBLADDER, PANCREAS:** The liver weighs 1840 gm and has an intact capsule. The brown parenchyma is with moderate fibrotic texture. The gallbladder contains approximately 10 mL of dark green bile without stones. The pancreas is unremarkable in lobulation, color and texture.

**HEMIC AND LYMPHATIC SYSTEMS:** The spleen weighs 220 gm and has an intact capsule. The color, red and white pulp and consistency are unremarkable. There are no enlarged lymph nodes.

**GENITOURINARY SYSTEM:** The kidneys weigh 160 gm each and have moderately granular red-brown surfaces with unremarkable architecture and vasculature. The ureters maintain uniform caliber into an unremarkable bladder containing 5 mL of cloudy yellow urine. The renal capsules are tight. The prostate is not enlarged. The testes are unremarkable.

**ENDOCRINE SYSTEM:** The pituitary, thyroid and adrenal glands are normal color, size and consistency.

**DIGESTIVE SYSTEM:** The esophagus and gastroesophageal junction are unremarkable. The stomach contains approximately 180 mL of thin green material with very small fragments of round pasta. The gastric mucosa, small intestine and large intestine are unremarkable. The vermiform appendix is present.

**MUSCULOSKELETAL SYSTEM:** The vertebrae, clavicles, sternum, ribs and pelvis are without fracture. The musculature is normally distributed and unremarkable.

**HISTOPATHOLOGY:**

Sections (HT15-01987) are submitted for microscopic examination as follows:

- left tongue at hemorrhage (1) shows a focal region of hemorrhage comprised of intact red blood cells surrounding myocytes.
- right upper hyoid soft tissue (2) shows focal hemorrhage comprised of intact red blood cells surrounding myocytes.
- left sternothyroid muscle (3) shows a focal collection of hemorrhage comprised of intact red blood cells on the surface of the muscle and lacing through the intermyocyte planes.
- right posterior oropharynx (4) shows hemorrhage comprised of intact red blood cells within the muscle and deep soft tissues and a focal hematoma comprised of intact red blood cells within the deep tissue.
- left posterior oropharynx at epiglottis (5) shows focal discrete hematomas of the tissues comprised of intact red blood cells just below the squamous epithelium.

M-15-003072

ROBERTO GRANT

Page 8

- left sternocleidomastoid muscle (6) shows hemorrhage comprised of intact red blood cells lacing along intermyocyte planes.
- right sternocleidomastoid muscle (7) shows focal hemorrhage comprised of intact red blood cells within the muscle and lacing along intermyocyte planes.
- tracheal ring near bifurcation (8) shows hemorrhage comprised of intact red blood cells within the respiratory lining along approximately 40% of the width of the tracheal ring. The hemorrhage is present on the left end of the ring and along the right anterior lateral aspect.
- left arm muscle hemorrhage (9) shows a large hematoma comprised of intact red blood cells with serum separation at the edge of the muscle and within the adjacent soft tissue.
- left carotid sheath with hemorrhage, mid (10) shows an unremarkable artery with focal hemorrhage comprised of intact red blood cells present adjacent to the artery and extending into the soft tissues.
- right carotid, inferior, with soft tissue (11) shows unremarkable artery, muscle, and fatty soft tissue with hemorrhage comprised of intact red blood cells throughout the fatty tissue and surrounding nerves, and focally within the muscle.
- heart (12) shows slight myocyte hypertrophy.
- left lung (13) and right lung (15) show slight to moderate intraalveolar and peribronchial pigmented macrophages and slight anthracosis.
- liver and kidney (14) show no significant pathologic changes of the liver. The kidney shows a few sclerotic glomeruli, slight thickening of the medium sized arteries and a rare focal collection of interstitial lymphocytes.
- posterior right neck, semispinalis cervicis muscle (16) shows hemorrhage comprised of intact red blood cells within the muscle and lacing along intermyocyte planes.

**TOXICOLOGY:**

Rapid urine drug screen (Status DS 10 Panel) is negative for common drugs of abuse. Samples are submitted for toxicologic evaluation. A separate report will be issued.

**FORENSIC BIOLOGY:**

Blood specimens and fingernail clippings are submitted to Forensic Biology.

**POSTMORTEM RADIOGRAPHY:**

Postmortem radiographs are taken and retained.

**PHOTOGRAPHY:**

Photographs are taken and retained.

**EVIDENCE:**

Clothing and personal property are collected as evidence.

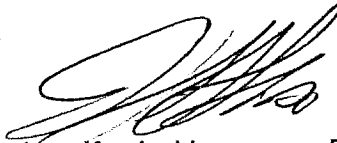
**MOLECULAR GENETICS:**

M-15-003072

ROBERTO GRANT

Page 9

Heart, liver and spleen specimens are held for molecular genetic studies if needed in the future.

A handwritten signature in black ink, appearing to read 'J. Hammers', is positioned above the printed name.

Jennifer L. Hammers, D.O.  
Deputy Chief Medical Examiner  
December 28, 2016



**THE CITY OF NEW YORK  
OFFICE OF CHIEF MEDICAL EXAMINER**



**NEUROPATHOLOGY REPORT  
CASE NUMBER: M15003072**

**NAME OF DECEDENT: ROBERTO GRANT**  
**DR. HAMMERS PERFORMED THE AUTOPSY ON 5/19/15**  
**DRS. STOLZENBERG AND SCORDI-BELLO EXAMINED THE BRAIN AND SPINAL CORD ON 6/11/15**

**GROSS EXAMINATION:**

Brain weight: 1420 gm

The specimen consists of the brain and intracranial dura of an adult. Prior to fixation, a portion of the right occipital lobe has been removed for possible toxicology studies.

The intracranial dura is not remarkable. All venous sinuses are patent.

The leptomeninges are thin, delicate and transparent. The cerebral gyri are of normal size, configuration and consistency. There is no sign of herniation. The external aspects of the brainstem and cerebellum are not remarkable. The arteries at the base of the brain follow a normal distribution and are free of atherosclerosis, aneurysmatic dilatations or sites of occlusion. All cranial nerve stumps identified are not remarkable.

Coronal sections of the cerebrum reveal no focal lesions in the cortex, white matter or deep nuclear structures. There is no shift of the midline structures. Sections of the midbrain, pons, medulla oblongata and cerebellum show no focal abnormalities. Myelination is normal for age. The substantia nigra is well pigmented. The ventricular system and cerebral aqueduct are patent, and normal in size and configuration. The ependymal lining is smooth and glistening.

Spinal cord with dura from the upper cervical to cauda equina levels shows no external abnormality. The dura is smooth and glistening. The leptomeninges are thin and transparent. Transverse sections of the cord at 1.5 cm intervals are unremarkable.

**PHOTOGRAPHS: YES**

**MICROSCOPIC EXAMINATION:**


H & E stained sections:

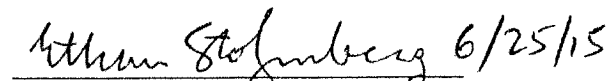
1. Left superior frontal gyrus	2. Left basal ganglia	3. Right thalamus
4. Right hippocampus	5. Midbrain	6. Pons
7. Medulla	8. Cerebellum	9. Spinal cord

Sections show no significant pathologic changes.

**DIAGNOSIS:**

**NO PATHOLOGIC CHANGES**

  
 IRINI SCORDI-BELLO, M.D., PH.D.  
 6/25/2015

  
 ETHAN STOLZENBERG, M.D., PH.D.  
 6/25/15

The City of New York  
Office of Chief Medical Examiner  
520 First Avenue  
New York, NY 10016

## Forensic Toxicology Laboratory

Deceased: **Roberto Grant**

M.E. Case No.: **M1503072**

Lab. No.: **1900/15**

Autopsy By: **Dr. Hammers**

Autopsy Date: **05/19/15**

**Specimens Received:**

**Bile, Blood (Femoral), Blood (Heart), Brain, Gastric Content, Liver, Urine (1 of 2)  
Urine (2 of 2), Vitreous Humour**

Specimens Received in Laboratory By: **Doniche Derrick**

Date Received: **05/20/15**

Equivalents: 1.0 mcg/mL = 1.0 mg/L = 0.1 mg/dL = 1000 ng/mL

1.0 mcg/g = 1.0 mg/kg = 0.1 mg/100g = 1000 ng/g

### Results

**Blood (Femoral)**

Ethanol	Not detected	HSGC
Synthetic Cannabinoids	Not detected	NMS*
Benzoyllecgonine	Not detected	IA
Barbiturates	Not detected	IA
Oxycodone	Not detected	IA
Opiates	Not detected	IA
Amphetamines	Not detected	IA
Benzodiazepines	Not detected	IA
Methadone	Not detected	IA
Cannabinoids	Not detected	IA

**Urine (1 of 2)**

Cotinine	Detected	GC/MS**
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\*\* Unconfirmed screening result. Confirmation available upon request.

This report has an associated Forensic Toxicology case file.

\* See attached copy of NMS Labs report

Page 1 of 1

Definitions of terms used in this report can be located at <http://www.nyc.gov/ocme>

IA = Immunoassay	CT = Color Test
GC = Gas Chromatography	TLC = Thin Layer Chromatography
GC/MS = GC/Mass Spectrometry	HS = Head Space
LC = Liquid Chromatography	UV/VIS = Ultraviolet/Visual Spectrophotometry
LC/MS = LC/Mass Spectrometry	< = Less than
CA = Chemistry Analyzer	

Signed: 

**William A. Dunn**

Date: **09/21/15**

EC

**NMS Labs**

3701 Welsh Road, PO Box 433A, Willow Grove, PA 19090-0437

Phone: (215) 657-4900 Fax: (215) 657-2972

e-mail: nms@nmslabs.com

Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory Director

**CONFIDENTIAL****Toxicology Report**

Report Issued 05/28/2015 15:03

To: 10074

New York Office of Chief Medical Examiner  
 Marina Stajic  
 520 First Avenue  
 New York, NY 10016

Patient Name M-15-003072  
 Patient ID 15-1900  
 Chain 11798456  
 Age Not Given DOB Not Given  
 Gender Not Given  
 Workorder 15149387

Page 1 of 2

**Positive Findings:**

None Detected

See Detailed Findings section for additional information

**Testing Requested:**

Analysis Code	Description
9560B	Synthetic Cannabinoids Screen, Blood (Forensic)

**Specimens Received:**

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Miscellaneous Information
001	Red Top Tube	1.25 mL	Not Given	Femoral Blood	

All sample volumes/weights are approximations.

Specimens received on 05/22/2015.



CONFIDENTIAL

Workorder 15149387  
Chain 11798456  
Patient ID 15-1900

Page 2 of 2

**Detailed Findings:**

Examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded one (1) year from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

**Analysis Summary and Reporting Limits:**

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

**Acodex 9560B - Synthetic Cannabinoids Screen, Blood (Forensic) - Femoral Blood**

-Analysis by High Performance Liquid Chromatography/  
TandemMass Spectrometry (LC-MS/MS) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
5F-AB-001	1.0 ng/mL	JWH-018	0.10 ng/mL
5F-APICA	1.0 ng/mL	JWH-081	0.10 ng/mL
5F-APINACA (5F-AKB-48)	2.0 ng/mL	JWH-122	0.10 ng/mL
5F-MN-18	0.10 ng/mL	JWH-210	0.20 ng/mL
5F-PB-22	0.10 ng/mL	MUMB-CHMINACA	0.10 ng/mL
AM-2201	0.10 ng/mL	MN-18	0.10 ng/mL
APICA	0.20 ng/mL	MN-25	0.10 ng/mL
APINACA (AKB-48)	1.0 ng/mL	PB-22	0.10 ng/mL
BB-22	0.10 ng/mL	THJ-018	0.10 ng/mL
FUB-AKB-48	0.20 ng/mL	THJ-2201	0.10 ng/mL
FUB-PB-22	0.10 ng/mL	UR-144	0.20 ng/mL
FUBIMINA	0.10 ng/mL	XLK-11	0.20 ng/mL

-Analysis by High Performance Liquid Chromatography/  
TandemMass Spectrometry (LC-MS/MS) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
5F-ADB-PINACA	1.0 ng/mL	AB-PINACA	0.20 ng/mL
5F-ADBICA	1.0 ng/mL	ADB-FUBINACA	1.0 ng/mL
AB-CHMINACA	1.0 ng/mL	ADB-PINACA	0.20 ng/mL
AB-FUBINACA	1.0 ng/mL	ADBICA	1.0 ng/mL